



POWER OF ATTORNEY

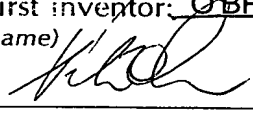
The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from INTELLPRO as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: **Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Benoît CASTEL, Reg. No. 35,041, Eric JENSEN, Reg. No. 37,855, and Thomas W. PERKINS, Reg. No. 33,027, c/o YOUNG & THOMPSON, Second Floor, 745 South 23rd Street, Arlington, Virginia 22202.**

Address all telephone calls to Young & Thompson at 703/521-2297.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: O'BRIEN, Peter  
(given name, family name)

Inventor's signature 

Date 27th August 2001

Residence: See below

Citizenship: Australian

Post Office Address: 5/10 Rosewood Avenue, Broadbeach, Queensland, 4218, Australia AUX

Full name of second joint inventor, if any:  
(given name, family name)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship:

Post Office Address:

Full name of third joint inventor, if any:  
(given name, family name)

Inventor's signature \_\_\_\_\_

Date \_\_\_\_\_

Residence:

Citizenship:

Post Office Address: